



**ECONOMIC SERVICES ADMINISTRATION (ESA),
DIVISION OF CHILD CARE AND EARLY LEARNING (DCCEL),
CHILD CARE LICENSING**

BACKGROUND AUTHORIZATION

Instructions for completing this form on reverse side.

Please print clearly and use BLACK INK.

DSHS Background Check
Central Unit
PO Box 45025
Olympia, WA 98504-5025
(360) 902-0299
FAX (360) 902-0292

☐ Family Child Care ☐ Child Care Center ☐ School-age Center

SECTION 1. AGENCY INFORMATION (COMPLETED BY AGENCY STAFF ONLY)			
1. CHECK THE NAME OF THE DCCEL LICENSING OFFICE TO WHICH THIS FORM MUST BE RETURNED. <input type="checkbox"/> Bellevue DCCEL <input type="checkbox"/> Seattle DCCEL <input type="checkbox"/> Bremerton DCCEL <input type="checkbox"/> Spokane DCCEL <input type="checkbox"/> Everett DCCEL <input type="checkbox"/> Sunnyside DCCEL <input type="checkbox"/> Kennewick DCCEL <input type="checkbox"/> Tacoma DCCEL <input type="checkbox"/> Kent DCCEL <input type="checkbox"/> Vancouver DCCEL <input type="checkbox"/> Mount Vernon DCCEL <input type="checkbox"/> Wenatchee DCCEL <input type="checkbox"/> Olympia DCCEL <input type="checkbox"/> Yakima DCCEL		2. NAME AND ADDRESS OF FACILITY (FAMILY HOME CHILD CARE PROVIDERS MUST INCLUDE PROVIDER'S FIRST AND LAST NAME; CENTER CHILD CARE PROVIDERS MUST LIST BUSINESS NAME) NOTE: DIRECTOR/PROGRAM SUPERVISOR OR SITE DIRECTOR MUST LIST THEIR TITLE.	
3. TELEPHONE NUMBER (INCLUDE AREA CODE) OF CHILD CARE LICENSING OFFICE ()		4. FAX NUMBER (INCLUDE AREA CODE) OF CHILD CARE LICENSING OFFICE ()	
SECTION 2. ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY THE APPLICANT (PERSON TO BE CHECKED)			
5. SOCIAL SECURITY NUMBER (OPTIONAL)	6. DATE OF BIRTH (MM/DD/YYYY)	7. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	8. RACE (OPTIONAL)
CURRENT NAME		OTHER NAMES YOU HAVE BEEN KNOWN BY	
9. LAST NAME	12. BIRTH NAME LAST FIRST MIDDLE		
10. FIRST NAME	13. OTHER MARRIED NAME(S) (WRITE NONE IF NONE)		
11. MIDDLE NAME (WRITE NONE IF NONE)	14. NICKNAME(S)/OTHER NAME(S) (WRITE NONE IF NONE)		
15. Have you been convicted of, or do you have charges pending for any crime? If yes, give the crime, the conviction date or charge status and the state where it occurred.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.		<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended? If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.		<input type="checkbox"/>	<input type="checkbox"/>
18. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? If yes, give date, court, and the state where it occurred.....		<input type="checkbox"/>	<input type="checkbox"/>
19. DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER		20. PRESENT NUMBER OF CONSECUTIVE YEARS LIVED IN WASHINGTON STATE YEARS: MONTHS: <input type="checkbox"/> CHECK IF DSHS FINGERPRINT CHECK COMPLETED WITHIN LAST THREE YEARS	
21. I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as a provider, caretaker, licensee, contractor, and/or as an individual authorized to care for vulnerable adults or children. I hereby authorize DSHS to obtain background information including but not limited to, convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states and the FBI. DSHS is hereby authorized to release the result of this and any DSHS prior background check information to the agency, facility, entity, or individual named above.			
22. SIGNATURE OF PERSON TO HAVE BACKGROUND CHECK OR PARENT/GUARDIAN		23. DATE (DATE SIGNED MUST NOT BE OLDER THAN THREE MONTHS)	
24. PRESENT ADDRESS FOR APPLICANT		CITY	STATE ZIP CODE COUNTY TELEPHONE NUMBER
FOR DSHS USE ONLY			
CAMIS Search: <input type="checkbox"/> No Information Found <input type="checkbox"/> Information Available, by _____ date _____			

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM

This form will be returned if any portion of the required information necessary to conduct a background check is not entered or is not legible.

A fingerprint card is required for those applicants who have not lived in Washington State for the past three (3) consecutive years. Contact DSHS office identified in Section 1, Number 1 for fingerprint card.

A fingerprint card is not required if the applicant has completed a DSHS fingerprint-based check within the past three (3) years and has not lived outside the state since the last fingerprint check. Please indicate that in Section 2, Number 20. DSHS will use the previous result when completing this background check.

If submitting a request for a fingerprint-based background check, the background authorization form and fingerprint card must be mailed. Do not fax the background authorization form separately.

SECTION 1: To be completed by the Child Care Home or Center.

1. Required. If you are licensed by the Port Angeles Office check Bremerton DCCEL, Aberdeen Office check Olympia, Kelso Office check Vancouver. Omak DCCEL and Moses Lake DCCEL must check Wenatchee.
2. Required. Family Home Child Care Providers must include provider's first and last name in this section; Center Providers must list their business name. NOTE: Director/Program Supervisor, or Site Director must list their title.
3. Required.
4. Required.

SECTION 2: To be completed by the applicant (person to be checked).

5. Optional.
6. Required.
7. Required.
8. Optional.
9. Required. Must write NONE if none.
10. Required. Must write NONE if none.
11. Required. Must write NONE if none.
12. Required. Must include complete name at birth. If same as #9 through #11, must write SAME.
13. Required. Must list all married names used (male or female); must write NONE if none.
14. Required. Must list all nicknames used (male or female); must write NONE if none.
15. Required.
16. Required.
17. Required.
18. Required.
19. Required. Must list drivers license number or state identification number; must write NONE if none.
20. Required. Indicate present number of consecutive years and/or months lived in Washington State. Check the box provided if a DSHS fingerprint check was completed within the last three years.
21. Read prior to moving to block 22.
22. Required signature of applicant or parent/guardian if applicant is under 18.
23. Required. The Background Check Central Unit must receive the background authorization form within three (3) months from the date of the signature.
24. Required.

For complete information on DSHS Background Check Policy, please see Title 388 at:
<http://slc.leg.wa.gov/wacbytitle.htm>

Upon completion, please submit form via mail or fax as soon as possible to:

DSHS Background Check Central Unit
PO Box 45025
Olympia, WA 98504-5025
Phone 360-902-0299
Fax 360-902-0292

If a fingerprint card is attached to the Background Authorization, the card and the form must be mailed to the address above.